



108.0. 162 Gp 121

PATENT
187/246

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
SCOTT M. ROCKLAGE, ET AL.) Group Art Unit: 121
Serial No.: 07/047,614) Examiner: Alan L. Rotman
Filed: May 8, 1987)
For: DIPYRIDOXYL PHOSPHATE NMRI)
CONTRAST AGENTS)

11/D
EBW
1230-89
N.E.
RECEIVED 11/2/89

AMENDMENT AFTER FINAL
REJECTION, 37 CFR § 1.116

Honorable Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Sir:

In response to the Final Rejection dated September 11,
1989 (Paper No. 10) in the above-identified application,
Applicants respectfully request that this amendment be entered so
that this application can be amended as follows:

IN THE SPECIFICATION

At page 1, line 17, please change "radioisotopics" to
-- radioisotopes --.

At page 9, lines 23-30, please change formula (II) to
read:

*please
enter
all*

080 12/19/89 07047614

1 102

108.00 CK



AMENDMENT TRANSMITTAL LETTER			ATTORNEY'S DOCKET NO. 187/246
SERIAL NO. 07/047,614	FILING DATE 5/8/87	EXAMINER Alan L. Rotman	GROUP ART UNIT 121
INVENTION DIPYRIDOXYL PHOSPHATE NMRI CONTRAST AGENTS			

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

(1)		(2)		(3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT FEE		RATE	ADDIT FEE
TOTAL	54	MINUS	54	0	x \$6 =	\$		x \$12 =	0
INDEP	6	MINUS	3	3	x \$17 =	\$		x \$36 =	\$108
FIRST PRESENTATION OF MULTIPLE DEP CLAIM					+\$55 =	\$		+\$110 =	\$ --
					TOTAL ADDIT. FEE	\$		TOTAL	\$108

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

Please charge my Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 108 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2475. A Duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17

November 11, 1989

(Date)

(Signature)
Thomas J. Morgan
Registration No. 19,891

Patent and Trademark Office - U.S. DEPARTMENT OF COMMERCE

Form PTO-FB-A520 (10-85)
(also form PTO-1083)